



Dart Aerospace Ltd.  
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**RBST1009**  
**Job Sheet 173621**



Part No: RBST1009

Job Qty: 10 ea

Part Name: Drill Press Tri-Roller Staking Tool



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 3/6/18

Job Tracking No:

Due Date: 3/30/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG RBST1009 THRU 1020 Rev 7 IPP Rev A 18.03.01 New issue DP Verify DD

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off     |
|-------|--------------------|--------|------------|----------|-----------|---------|-----------------------|-----------|--------------|
|       |                    |        |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |              |
| 90    | Start up Operation | 10 Ea  | 3/29/18    | 3/29/18  | 0.00      | 0.00    | Start Up Small Fab-4  |           | MLC          |
| 100   | Small Fab          | 10 pcs | 3/30/18    | 3/30/18  | 0.00      | 5.00    | Small Fab-9           |           | MLC DAS 38   |
| 110   | QC                 | 10 pcs | 3/30/18    | 3/30/18  | 0.00      | 0.00    | QC5                   |           | 38           |
| 130   | Packaging          | 10 pcs | 3/30/18    | 3/30/18  | 0.00      | 0.00    | Packaging3-2          |           | APR 2 6 2018 |
| 140   | QC21-FG            | 10 Ea  | 3/30/18    | 3/30/18  | 0.00      | 0.00    | QC21                  |           | GA 137       |

Part Op 100 - Assemble as per DWG sheet 1.  
Descriptions: 130 - Identify and Stock

DAS  
21  
3-30

APR 2 6 2018

### Job BOM

| Part / Item           | Component Name                   | Quantity     | Operation             | Container         |
|-----------------------|----------------------------------|--------------|-----------------------|-------------------|
| RBST1009-1            | Roller Fixture                   | 10 Ea (1 ea) | 90-Start up Operation | 5058610           |
| 97705A406 GA          | Screw 8-32 X 1/4 S.S. (McMaster) | 10 Ea (1 ea) | 100-Small Fab         | 5036754           |
| <del>RBST1009-1</del> | <del>Roller Fixture</del>        | 10 Ea (1 ea) | 100-Small Fab         |                   |
| RBST1009-11           | Primary Seat                     | 10 Ea (1 ea) | 100-Small Fab         |                   |
| RBST1009-13           | Secondary Seat                   | 10 Ea (1 ea) | 100-Small Fab         | 5058767           |
| RBST1009-15           | Locating Pin                     | 20 Ea (2 ea) | 100-Small Fab         | 5058913           |
| RBST1009-3            | Retainer                         | 10 Ea (1 ea) | 100-Small Fab         | 5059080           |
| RBST1009-5            | Roller GA                        | 30 Ea (3 ea) | 100-Small Fab         | 5059647 + 5060587 |
| RBST1009-7            | Guide 137                        | 10 Ea (1 ea) | 100-Small Fab         | 5058738           |
| RBST1009-9            | Pin                              | 10 Ea (1 ea) | 100-Small Fab         | 5059820 3V        |
|                       |                                  |              |                       | 5058965 TV        |

### Job Allocations

| Operation             | Component Part        | Required | Inventory | Allocated |
|-----------------------|-----------------------|----------|-----------|-----------|
| 90-Start up Operation | RBST1009-1            | 10       | 0         | 0         |
| 100-Small Fab         | 97705A406             | 10       | 17        | 0         |
|                       | <del>RBST1009-1</del> | 10       | 0         | 0         |
|                       | RBST1009-11           | 10       | 0         | 0         |
|                       | RBST1009-13           | 10       | 0         | 0         |
|                       | RBST1009-15           | 20       | 0         | 0         |
|                       | RBST1009-3            | 10       | 0         | 0         |
|                       | RBST1009-5            | 30       | 0         | 0         |
|                       | RBST1009-7            | 10       | 0         | 0         |
|                       | RBST1009-9            | 10       | 0         | 0         |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                          |                                                                                                                                                                                    |                          |                                                                      |                          |                                                                                                                           |                          |
|--------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                          | Against Department / Process<br><br>Thermal <input type="checkbox"/> |                          | Engineering <input type="checkbox"/><br>Quality <input type="checkbox"/><br>Other <input type="checkbox"/>                |                          |
| Date : _____                                                 |                          | Step #: _____                                                                                                                                                                      |                          |                                                                      |                          | (SI042) Approval                                                                                                          |                          |
| <b>Description Work Order Deviation</b>                      |                          |                                                                                                                                                                                    |                          |                                                                      |                          | Completed By _____<br><br>Inspector / Supervisor _____<br>I Verification _____<br><br>Coordinator _____<br>Approval _____ |                          |
| <b>Root Cause</b>                                            |                          |                                                                                                                                                                                    |                          |                                                                      |                          |                                                                                                                           |                          |
| Environment                                                  | <input type="checkbox"/> | No Re-verification                                                                                                                                                                 | <input type="checkbox"/> | Pressure/Forced                                                      | <input type="checkbox"/> | Temperature/                                                                                                              | <input type="checkbox"/> |
| Design                                                       | <input type="checkbox"/> | Operator                                                                                                                                                                           | <input type="checkbox"/> | Bending                                                              | <input type="checkbox"/> | Set-up                                                                                                                    | <input type="checkbox"/> |
| Doc/Data                                                     | <input type="checkbox"/> | Offset/Setup                                                                                                                                                                       | <input type="checkbox"/> | Centre Not Concentric                                                | <input type="checkbox"/> | BOM/Route                                                                                                                 | <input type="checkbox"/> |
| Equip/Tooling                                                | <input type="checkbox"/> | Supplier                                                                                                                                                                           | <input type="checkbox"/> | Cracks                                                               | <input type="checkbox"/> | Broken/Damag                                                                                                              | <input type="checkbox"/> |
| Handling/Pre                                                 | <input type="checkbox"/> | Training                                                                                                                                                                           | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave                                               | <input type="checkbox"/> | Inspection Inco                                                                                                           | <input type="checkbox"/> |
| Material                                                     | <input type="checkbox"/> | Use for Testing                                                                                                                                                                    | <input type="checkbox"/> | Cuffs                                                                | <input type="checkbox"/> | Contamination                                                                                                             | <input type="checkbox"/> |
| Internal Transport                                           | <input type="checkbox"/> | Poor Information                                                                                                                                                                   | <input type="checkbox"/> | Crushing                                                             | <input type="checkbox"/> | Countersink                                                                                                               | <input type="checkbox"/> |
| Tribal Knowledge                                             | <input type="checkbox"/> | Rushing                                                                                                                                                                            | <input type="checkbox"/> | Heat Treat                                                           | <input type="checkbox"/> | Cut Too Short                                                                                                             | <input type="checkbox"/> |
| LOA                                                          | <input type="checkbox"/> | Product Improvement                                                                                                                                                                | <input type="checkbox"/> | Wave/Twist in Tube                                                   | <input type="checkbox"/> | Instructions Inco                                                                                                         | <input type="checkbox"/> |
| Substation                                                   | <input type="checkbox"/> | Process Improvement                                                                                                                                                                | <input type="checkbox"/> | Marks/Chatter                                                        | <input type="checkbox"/> | Drill Holes                                                                                                               | <input type="checkbox"/> |
| Past Expiry Date                                             | <input type="checkbox"/> | Manufacturing Process                                                                                                                                                              | <input type="checkbox"/> | OTHER : _____                                                        |                          |                                                                                                                           |                          |
| Misidentified                                                | <input type="checkbox"/> | Past Due                                                                                                                                                                           | <input type="checkbox"/> |                                                                      |                          |                                                                                                                           |                          |

Date: 04/25/18

Inspector: 7

Revision: 7

Job No: 173621

Serial No/Batch: S065281

Part: RBST1009

Container No: S065281

AEROSPACE

DART

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Hawkesbury, ON K6A 1K7

CANADA

TEL: 1 813 632-5200

Email: sales@dartaero.com

www.dartaerospace.com

Misaligned/off center ☐

Turning Sequence ☐

Misread ☐

## Part Specifications

Specifications could not be found.

Plex 3/6/18 8:24 AM Dart.lajeunesse.marie



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                              |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By                                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | QC / QA Coordinator Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                              |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                              |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                              |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                              |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                              |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                              |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                              |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                              |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                              |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                              |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |